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26161 7590 07/01/2004

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*Melissa Kruggel*

(Depositor's name)

*TM 161*

(Signature)

*October 1, 2004*

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/187,879	01/27/1994	Harriet L. Robinson	07917-217001	5747

**TITLE OF INVENTION: IMMUNIZATION BY INOCULATION OF DNA TRANSCRIPTION UNIT**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$695	10/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, DAVE TRONG	1632	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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(A) NAME OF ASSIGNEE

University of Massachusetts Medical Center  
St. Jude Children's Research Hospital

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Worcester, MA  
Memphis, TN

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

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*J. Peter Fasse* 10-1-04  
J. Peter Fasse  
32,983  
(Date)

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10/06/2004 RMEBRAH1 00000029 08187879

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